



John Elias Baldacci
Governor

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
DRINKING WATER PROGRAM

11 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0011
Phone: (207) 287-2070 Fax: (207) 287-4172

Multiple Contract Operators

Contractor Organization with Multiple Available Operators

To be completed by organizations with multiple operators available to perform contract operations. Please complete the information below and return it to the above address.

CONTRACTOR ORGANIZATION

PWSID # (If applicable): _____

Name: _____

Address: _____

City/town: _____ State: _____ Zip Code: _____

CONTRACTEE PUBLIC WATER SYSTEM

PWSID # _____

Name: _____

Address: _____

City/town: _____ State: _____ Zip Code: _____

The above, identified Contractor Organization is providing qualified, licensed operators of the appropriate license classification to perform the requisite water operator duties for the contractee as required by the Maine Drinking Water Program for the contractee's particular water system. Attachment A, which accompanies this form, lists the Contractor Organization individuals available to provide contract operations to the contractee.

(Printed Name and telephone contact number of person completing form)

(Signature of person completing form and date signed)

DRINKING WATER PROGRAM

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ATTACHMENT A

Contractor Organization: _____ PWSID _____
(If applicable)

Contractee organization: _____ PWSID _____

DATE: _____

Name of Operators: _____	License # : _____
_____	License # : _____
_____	License # : _____
_____	License # : _____
_____	License # : _____
_____	License # : _____
_____	License # : _____
_____	License # : _____
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(This form may reproduced as necessary)